

19-417568



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

3

**FILED**  
 Secretary of State  
 State of California

JUL 15 2019

**IMPORTANT** — This form can be filed online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

Read instructions before completing this form.

**Filing Fee — \$20.00**

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

Above Space For Office Use Only

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

PERMANENTE FEDERATION LLC, THE

**2. 12-Digit Secretary of State Entity (File) Number**

199919310014

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

DE

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

One Kaiser Plaza, 27th Floor

City (no abbreviations)

Oakland

State

CA

Zip Code

94612

b. Mailing Address of LLC, if different than item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

**5. Manager(s) or Member(s)**

a. First Name, if an individual - Do not complete Item 5b

Chris

Middle Name

M

Last Name

Grant

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

One Kaiser Plaza, 27th Floor

City (no abbreviations)

Oakland

State

CA

Zip Code

94612

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**CORPORATION** — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

CT Corporation (C0168406)

See Secretary of State's  
records for exact entity name.

**7. Type of Business**

Describe the type of business or services of the Limited Liability Company

Management/Consulting

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Edward / Richard (co CEO's)

Middle Name

Last Name

Ellison / Isaacs

Suffix

b. Address

One Kaiser Plaza, 27th Floor

City (no abbreviations)

Oakland

State

CA

Zip Code

94612

**9. The information contained herein, including any attachments made part of this document, is true and correct.**

06/25/19

Date

Megan Sandri

Type or Print Name of Person Completing the Form

Acct Manager

Title

*[Signature]*  
Signature